## PATENT APPLICATN FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09/831196

		CLAINS A	(Colum	Umn 1) (Column 2)				SMALL ENTITY TYPE				R THAN
T	OTAL CLÁIMS	}	100:0111	, /	COIL	1101 Z)				`OR ¬		ENTITY
								RATE	FEE	4	RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FE	E	OR	BASIC FEE	710
TOTAL CHARGEABLE CLAIMS			minus 20= *					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =					X40=		OR	X80=	
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+135=	<b> </b>	OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR		710
CLAIMS AS AMENDED - PART II										<b>1</b> 0''	OTHER	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
IENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	. 20	Minus	2	0	= /		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	3	CLAIM			X40=		OR	X80=	
			JETH EL DE	CNOCIVI	CEAN			+135=		OR	+270=	
							<u> </u>	TOTAL		OR	TOTAL	
		(Column 1)		(Colum	nn 2)	(Column 3)	Al	DDIT. FEE		J • • • • •	ADDIT. FEE	
<b>m</b>		CLAIMS		HIGH	EST	1	Г		ADDI-	1 1		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	Γ	X\$ 9=		OR	X\$18=	,
	Independent	•	Minus	***		=		X40=			X80=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		H	7.10-		OR	X00=	
							L	+135=		OR	+270=	
							AC	TOTAL OIT. FEE		OR ,	TOTAL ADDIT. FEE	
_		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		12	X\$18=	
ME	Independent		Minus	***	7	= =====================================	-			OR		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		L	X40=		OR	X80=	
• 14	the entry is sel-	nn 1 is less than the	antru la sel-		M7 L		L	⊦135=		OR	+270=	
•••	the "Highest Nur the "Highest Nu	mber Previously Pain mber Previously Pain mber Previously Pain	d For IN THIS Id For IN THIS	S SPACE IS S SPACE Is	less than less than	20, enter "20." 3, enter "3."	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	